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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/828,548
		Filing Date	April 19, 2004
		First Named Inventor	Dale B. Schenk
		Art Unit	1614
		Examiner Name	To be assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	15270J-004747US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt (2 pps); marked-up copy of Filing Receipt mailed 7/9/04 (1 pp); copy of Supplemental ADS (1 pp)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	
	Rosemarie L. Celli	Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>	
Date	July 22, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 746-9195 on July 22, 2004.		
Typed or printed name	Aubrey Baker	
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on July 22, 2004
By: Rosemarie L. Celli
Rosemarie L. Celli

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/828,548	Confirmation No. 3885
Applicant	:	Dale B. Schenk	
Filed	:	April 19, 2004	
TC/A.U.	:	1600/1614	
Examiner	:	To be assigned	
Docket No.	:	15270J-004747US	
Customer No.	:	20350	

Office of Initial Patent Examination
United States Patent and Trademark Office

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Issuance of a corrected filing receipt is respectfully requested. Attached hereto is a marked-up copy of the Updated Filing Receipt mailed by the Patent Office on July 9, 2004.

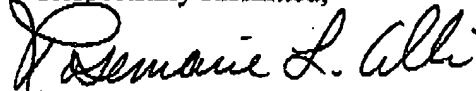
Please delete "*" and "(*) Data provided by applicant is not consistent with PTO Records." (See the copy of the ADS filed on July 19, 2004).

Applicant believes no fee is required for submission of this request. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's

SCHENK, Dale B.
Application No. 10/828,548
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Respectfully submitted,



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/828,548	04/19/2004	1814	4282	15270J-004747US	18	118	18

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CONFIRMATION NO. 3885

✓ UPDATED FILING RECEIPT

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Date Mailed: 07/09/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Dale B. Schenk, Burlingame, CA;

Assignment For Published Patent Application

Neuralab Limited, Flatts, Smiths, BERMUDA;

Domestic Priority data as claimed by applicant

This application is a CON of 09/322,289 05/28/1999
 which is a CIP of 09/201,430 11/30/1998
 which claims benefit of 60/080,970 04/07/1998
 and claims benefit of 60/067,740 12/02/1997**

~~(*) Data provided by applicant is not consistent with PTO records.~~

Foreign Applications

If Required, Foreign Filing License Granted: 06/02/2004

Projected Publication Date: 10/14/2004

Non-Publication Request: No

Early Publication Request: No